



Washington State Department of
Labor & Industries

Installer Training and Certification Program
800-647-0982 (Option 5) FAX 360-902-5229
www.fas.lni.wa.gov

**APPLICATION FOR
MANUFACTURED HOME INSTALLER**

- **TRAINING AND CERTIFICATION**
- **TRAINING ONLY**
- **TRAINING MANUAL**
- **CERTIFICATION RENEWAL**

1. Type of Application (check appropriate box)

<input type="checkbox"/> Training & Certification Exam (manual included)	\$200	<input type="checkbox"/> Certification Renewal	\$100
<input type="checkbox"/> Training Only (manual included)	\$100	(Continuing education required prior to certification expiration date)	
<input type="checkbox"/> Training Manual	\$ 10		

2. Applicant Information (All applicants must complete) (Print clearly or type)

Applicant Name (First, Middle Initial, Last) _____
☐ Mr
☐ Ms _____ Phone _____
Mailing Address _____ Email _____
City _____ State _____ Zip Code _____

3. Certification Information (Applicants for certification and certification renewal must complete)

Have you previously been certified to install manufactured homes in Washington State? ☐ Yes ☐ No
If **yes**, list your certification number: _____
If **no**, list your experience below. (Six months installation experience under direct supervision of certified manufactured home installer or 2 years residential or commercial construction required.)
I have _____ years _____ months of installation experience under the direct supervision of a certified manufactured home installer.
I have _____ years _____ months of residential or commercial construction experience.
I am the ☐ owner or an ☐ employee of the following business:
Business Name: _____ Phone _____
Contractor registration number (if applicable): _____
Birth Date _____ Social Security No. _____ (Required pursuant to RCW 26.23.150 and federal law PL 104-193)
I certify that all information on this application is true and correct to the best of my knowledge.
Signature _____ Date _____

4. Class Preference

Location _____ Dates _____

Make check or money order payable to **Department of Labor & Industries** and mail to:

Dept of Labor & Industries
Installer Training & Certification Program
PO Box 44420
Olympia WA 98504-4420

06-2009